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Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

0010/PTO Rev. 6/95 U.S. Department of Commerce Patent and Trademark Office DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION <input checked="" type="checkbox"/> Declaration Submitted with Initial Filing OR <input type="checkbox"/> Declaration Submitted after Initial Filing	Attorney Docket Number	660005.98757
	First Named Inventor	Michael C. Barney
	COMPLETE IF KNOWN	
	Application Number	
	Filing Date	Herewith
	Group Art Unit	
	Examiner Name	

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**USE OF HOP ACIDS TO INHIBIT GROWTH OF STAPHYLOCOCCUS AUREUS AND
PREVENT TOXIC SHOCK SYNDROME**

(Title of the Invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YY)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code § 119(a)-(d) or § 365(b) of any foreign application(s) for patent or inventor's certificate or § 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YY)	Priority Not Claimed	Certified Copy Attached?	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign applications numbers are listed on a supplemental priority sheet attached hereto:

I hereby claim the benefit under Title 35, United States Code § 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YY)	<input type="checkbox"/> Additional provisional
60/158,810	10/12/99	

DECLARATION

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I hereby claim benefit under Title 35, United States Code §120 of any United States application(s), or §365(C) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application or PCT international application in the manner provided in the first paragraph of Title 35, United States Code §112. I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority sheet attached hereto

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and all continuation and divisional applications based thereon, and to transact all business in the Patent and Trademark Office connected therewith:

☐ Firm Name Customer Number or label

OR

☒ List attorney(s) and/or agent(s) name and registration number below

Name	Registration Number	Name	Registration Number
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Neil Hamilton	19,869	Keith M. Baxter	31,233
Thomas W. Ehrmann	20,374	John D. Franzini	31,356
Barry E. Sammons	25,608	Joseph W. Bain	34,290
J. Rodman Steele	25,931	Robert J. Sacco	35,667
Nicholas J. Seay	27,386	Jean C. Baker	35,433
George E. Haas	27,642	David G. Ryser	35,407
Michael J. McGovern	28,326	Bennett J. Berson	37,094
Carl R. Schwartz	29,437	Michael A. Jaskolski	37,551
		David M. Kettner	45,589

☐ Additional attorney(s) and/or agents named on a supplemental priority sheet attached hereto

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

Name of Sole or First Inventor: A petition has been filed for this unsigned inventor

Given Name	Michael	Middle Initial	C.	Family Name	Barney	Suffix, e.g. Jr.	
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Inventor's Signature *Michael C. Barney* Date **9/8/2000**

Residence: City **Elm Grove** State **WI** Country **U.S.** Citizenship **US**

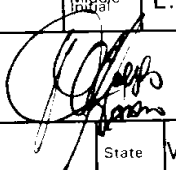
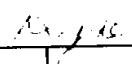
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☐ Additional inventors are being named on supplemental sheet(s) attached hereto

Please type a plus sign (+) inside ☐ box ☐

DECLARATION										ADDITIONAL INVENTOR(S) Supplemental Sheet													
Name of Additional Joint Inventor, if any:										A petition has been filed for this unsigned inventor													
Given Name	Alfonso					Middle Initial	L.		Family Name	Navarro					Suffix, e.g. Jr.								
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Name of Additional Joint Inventor, if any:										A petition has been filed for this unsigned inventor													
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Inventor's Signature											Date	9-8-00											
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City	Mequon					State	WI		Zip	53092					Country	US					Applicant Authority		
Name of Additional Joint Inventor, if any:										A petition has been filed for this unsigned inventor													
Given Name						Middle Initial			Family Name						Suffix, e.g. Jr.								
Inventor's Signature											Date												
Residence: City							State			Country						Citizenship							
Post Office Address																							
Post Office Address																							
City						State			Zip						Country						Applicant Authority		
Name of Additional Joint Inventor, if any:										A petition has been filed for this unsigned inventor													
Given Name						Middle Initial			Family Name						Suffix, e.g. Jr.								
Inventor's Signature											Date												
Residence: City							State			Country						Citizenship							
Post Office Address																							
Post Office Address																							
City						State			Zip						Country						Applicant Authority		